

**Political Organization
Notice of Section 527 Status**

OMB No. 1545-1693

Part I General Information

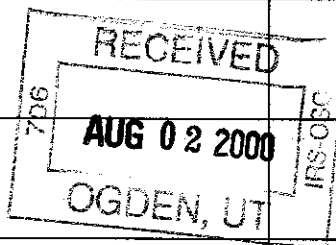
1 Name of organization MITCHELL FOR STATE REPRESENTATIVE		Employer identification number 91 2046452
2 Mailing address (P.O. Box or number, street, and room or suite number) PO Box 401		
City or town, state, and ZIP code Belfair WA 98528		
3 E-mail address of organization Mitchell2000@Mitchell2000.org		
4a Name of custodian of records EDWARD B MITCHELL	4b Custodian's address 1818 SW COZY LN PORT ORCHARD WA 98367	
5a Name of contact person EDWARD B MITCHELL	5b Contact person's address 1818 SW COZY PORT ORCHARD WA 98367	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number 1818 SW COZY LN		
City or town, state, and ZIP code PORT ORCHARD WA 98367		

Part II Purpose

7 Describe the purpose of the organization
TO RUN FOR STATE LEGISLATURE

Part III List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address



13

